

Royal Free London NHS Foundation Trust (Barnet Hospital)

Core Anaesthetics

Risk-based review (on-site visit)



Quality Review report

5 December 2019

Final Report

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Quality Review details

Training programme / learner group reviewed	Core Anaesthetics and Acute Care Common Stem - Anaesthetics
Number of learners and educators from each training programme	<p>The review team met with;</p> <ul style="list-style-type: none"> - four Core Anaesthetics Trainees training year two (CT2) trainees; - two Acute Care Common Stem (ACCS) – Anaesthetics branch CT2-3 trainee; - one Clinical Fellow; and - two Specialty Training year three and four trainees <p>The review team also met with:</p> <ul style="list-style-type: none"> - Director of Medical Education, Barnet Hospital; - Director of Medical Education, Chase Farm Hospital; - Clinical Director, Anaesthetics - Guardian of Safe Working Hours; - College Tutor, Anaesthetics; - College Tutor, ACCS and Intensive Care - Director of Quality, Education; - Six Educational and Clinical Supervisors
Background to review	<p>This review was planned following the General Medical Council (GMC) National Training Survey (NTS) for 2019 due to the poor performance of the Core Anaesthetics programme at Barnet Hospital. The site returned red outliers for:</p> <ul style="list-style-type: none"> - Overall satisfaction; - Clinical supervision; - Reporting systems; - Workload; - Teamwork; - Supportive environment; - Induction; - Feedback; - Local teaching; and - Rota design <p>There were also pink outliers for curriculum coverage and educational governance.</p>

	<p>Trainees from the Acute Care Common Stem (ACCS) programme (Anaesthetics branch) were invited to participate following the significantly better performance of the ACCS programme in the 2019 GMC NTS. The programme had returned all white outliers, apart from on pink outlier for handover.</p>
<p>Supporting evidence provided by the Trust</p>	<ul style="list-style-type: none"> - Anaesthetics LFG Meeting Thursday 7 March 2019; - Anaesthetics LFG Meeting Thursday 11 July 2019; and - SAS Board Results meeting
<p>Summary of findings</p>	<p>The review team thanked the Trust for hosting and facilitating the review. From its discussions with trainees the review team was pleased to find that:</p> <ul style="list-style-type: none"> - trainees received bespoke, exam-focused teaching tailored to individual needs. Trainees unanimously agreed that they would recommend their posts to their peers; - trainees felt that the culture within the department was good and that the consultant body was supportive and approachable and that feedback on their clinical performance was readily available. It was also reported that there was a good culture embedded around supportive and constructive feedback following clinical incidents reported via Datix; and - trainees were highly complimentary of the two rota coordinators, whom they described as flexible and willing to accommodate trainee requests for annual leave, study leave, and changes to the rota to ensure trainees had sufficient clinical exposure to the required curriculum areas. <p>However, the following areas for improvement were identified:</p> <ul style="list-style-type: none"> - the review team was concerned to hear of the confusion over the three bleeps trainees were required to hold at Chase Farm Hospital. In particular, it was unclear to trainees the purpose of the speech response bleep and what, if anything, they were required to do when it sounded. This lack of clarity was shared among the educational and clinical supervisors the review team met with. The review team was encouraged to hear that this issue had been raised with the Trust executive level and would urge the Trust to provide clarity on the implementation and use of this system as soon as possible; - the review team was concerned to hear that trainees were expected to work out of hours on-call in the Intensive Therapy Unit without a suitable local induction, familiarity with the clinical environment, and awareness of the appropriate escalation pathways; and - the review team was concerned to hear that the Induction at Chase Farm Hospital was not thorough and disjointed. Trainees reported traveling to the site and finding some clinical areas they would be expected to work had closed for the day. It was also reported that trainees had found acquiring the appropriate logins and smartcards for the IT systems had been challenging.

Quality Review Team

HEE Review Lead	Dr Gary Wares, Deputy Postgraduate Dean, North Central and East London	External Clinician	Dr Carlos Kidel, Core Anaesthetics and ACCS Training Programme Director, North Central London
Head of School	Dr Cleave Gass, Head of School, London School of Anaesthesia	Lay Representative	Sadhana Patel
HEE Representative	John Marshall, Learning Environment Quality Coordinator		

Educational overview and progress since last visit – summary of Trust presentation

The review team heard that the results of the General Medical Council (GMC) National Training Survey (NTS) for 2019 came as a surprise and disappointment to the Trust. The review team heard that feedback throughout the year from former and current trainees did not reflect the NTS results for 2019. It was felt that any trainee dissatisfaction could be attributable to the cross-site working arrangements across Barnet Hospital (BH) and Chase Farm Hospital (CFH) expected of trainees. Whilst the review team heard that it was not expected that trainees would be required to work across both sites on the same day, it was noted that trainees at CFH would be required to travel to BH for scheduled teaching sessions. It was acknowledged that this was particularly challenging for trainees reliant on public transport to travel between the two sites.

The review team noted the disparity between the working hours at the two sites. A regular day at BH ran from 08:00 to 18:00, whilst at CFH it was 07:30 to 18:30. The review team heard that CFH was primarily an elective surgery site, although there was some in-patient work carried out at the site, and that BH offered a broader range of anaesthetic service areas, including a high-volume delivery unit and two Intensive Therapy Units (ITUs). Following the NTS results for 2019, the review team heard that the Trust conducted its own survey in August 2019 for the outgoing cohort of trainees framed around the GMC NTS questions which found that, aside from a few isolated misgivings, that Core Anaesthetics trainees were broadly content with their education and training. The survey did however identify an issue around trainees' ability to attend scheduled teaching.

Following the identification of the issue around access to scheduled teaching, the review team was encouraged to hear that the Trust had implemented exam-focused teaching, aimed at each training year group's particular curriculum requirements, some of which were shared with higher specialty programme trainees. It was reported that the department was running four training sessions per month to facilitate this. The review team heard that trainees would meet with their Educational Supervisor (ES) to discuss their individual curriculum requirements and areas of interest at the start of the training year.

The review team heard that trainees were required to work out of hours and have on-call commitments at BH. It was reported that the night team consisted of five trainees, both core and higher specialty, and two consultants. The review team heard that resource was allocated dependent on the skillset within the team on any given day. It was reported that where rota gaps occurred that these were generally filled locally but that cover for these would be advertised at the earliest possible opportunity where necessary. In addition to consultants and trainees, the review team heard that the rota also included two Medical Training Initiative trainees, two Trust-grade doctors, and several Clinical Fellows. The review team heard that where novice Core Training Year One (CT1) ACCS trainees were present that they were buddied up with a either a CT2 or CT3 in the clinical environment. Trainees did not have any out of hours or on-call commitments at CFH.

The review team heard from the Trust that there was a separate induction for the Intensive Therapy Unit (ITU) in addition to the main Anaesthetics departmental induction. The review team had heard prior to the visit of an instance where a trainee had been required to work out of hours in the ITU without receiving the appropriate induction. When this was raised with the Trust the review team was assured that this was an isolated incident that had been addressed and that it would look to address this through its induction and rota design processes. It was noted however, that trainees preferred the 'hands-on' nature of out of hours work from the start and the practical educational benefit that this offered.

It was reported that time for scheduled teaching was protected in the rota and that aside from the teaching sessions tailored to each training year group that there was a trainee led journal club on Friday mornings,

supported by a consultant. At CFH the review team heard that there was a weekly theatre meeting at which cases could be presented and discussed as a group.

The Trust recognised that trainees at CFH did not have a teaching room, and that the site and its limitations of which areas could be accessed whilst staff were in surgical scrubs had a negative impact on all staff. The review team heard later from trainees that whilst scrubbed for theatre they could not access public areas or the canteen and so had no access to food or refreshment without getting changed – something that during a full day of elective theatre lists was not always possible. The impact of this was exaggerated by the nature of the long days at CFH. The review team also heard that there were also issues around access to lockers and safe storage for personal items at BH, as well as access to hot food out of hours.

The review team heard that there were no concerns within the Trust that the number of Core Anaesthetics trainees outweighed the workload for them that would deliver an appropriate and sufficient training experience as there were no longer CT1 trainees in the department. It was reported that this had decreased the need to 'double-up' trainees, apart from where novice ACCS trainees were present.

Findings

1. Learning environment and culture

HEE Quality Standards

1.1 Learners are in an environment that delivers safe, effective, compassionate care that provides a positive learning experience for service users.

1.2 The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.

1.3 There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence based practice (EBP) and research and innovation (R&I).

1.4 There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.

1.5 The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.

1.6 The learning environment promotes inter-professional learning opportunities.

Ref	Findings	Action required? Requirement Reference Number
CA1.1	<p>Patient safety</p> <p>The review team did not hear of any concerns for patient safety from trainees. However, the review team was concerned to hear of the confusion over the three bleeps trainees were required to hold at Chase Farm Hospital. In particular, it was unclear to trainees the purpose of the speech response bleep and what, if anything, they were required to do when it sounded. This lack of clarity was shared among the educational and clinical supervisors the review team met with. The review team was encouraged to hear that this issue had been raised with the Trust executive level and would urge the Trust to provide clarity on the implementation and use of this system as soon as possible</p>	Yes, please see CA1.1
CA1.2	<p>Serious incidents and professional duty of candour</p> <p>The review team did not hear of any reported serious incidents.</p>	

CA1.3	<p>Appropriate level of clinical supervision</p> <p>The review team was pleased to hear that trainees felt well supported and that clinical supervision was readily available at all times. Concerns that the review team had following intelligence received prior to the review that there had been occasions when trainees had felt actively discouraged from contacting the on-call consultant out of hours were unfounded.</p>	
CA1.4	<p>Taking consent</p> <p>The review team was concerned to find that the survey conducted by the Trust in August 2019 showed that one trainee stated that they had been taking consent for procedures in the Intensive Therapy Unit (ITU) when they were unsure of the purpose, impact, and medical benefit such procedures would have. However, the review team was reassured that this was an isolated incident and that the appropriate investigation and follow-up had been undertaken.</p>	
CA1.5	<p>Rotas</p> <p>The review team was pleased to hear that trainees were highly complimentary of the two rota coordinators, whom they described as flexible and willing to accommodate trainee requests for annual leave, study leave, and changes to the rota to ensure trainees had sufficient clinical exposure to the required curriculum areas.</p> <p>It was noted by the trainees that the out of hours provision across Anaesthetics, the two ITUs, and Obstetrics was good and that where gaps in the rota appeared the Trust was proactive in addressing them. The review team was pleased to hear that at no point had any of the trainees felt pressured to take on additional shifts to cover gaps in the rota.</p>	
CA1.6	<p>Induction</p> <p>The review team was concerned to hear that the Induction at Chase Farm Hospital was not thorough and disjointed. Trainees reported traveling to the site and finding some clinical areas they would be expected to work had closed for the day. It was also reported that trainees had found acquiring the appropriate logins and smartcards for the IT systems had been challenging.</p> <p>The review team heard that trainees could be required to work out of hours in the ITU, prior to their formal ITU block on the rota and appropriate induction. Trainees did note however that this issue had been raised locally and that steps had been taken to immediately address trainees lack of exposure to the ITU by arranging for trainees to shadow consultants and trainees in the ITU during daytime hours.</p>	Yes, please see CA1.6
	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>The review team heard that when novice ACCS trainees were doubled up with either a CT2 or CT3 trainee that the CT2-3 lost out on clinical learning opportunities whilst observing and supporting their fellow trainees alongside the consultant. Novice ACCS trainees also noted that due to the large number of consultants within the department that there was a lack of familiarity between them and that trainee competency levels were unknown to a significant number of consultants and that it was common for trainees to have to repeat the learning of procedures that they were already familiar with and had demonstrable competencies in.</p>	
CA1.7	<p>Protected time for learning and organised educational sessions</p> <p>The review team heard that time for trainee teaching, including the programme regional teaching hosted at Stewart House, was protected in the rota. However, for trainees</p>	

	<p>working out of CFH when the scheduled local teaching was held at BH presented an issue due to the time required to travel between the two sites.</p> <p>From its discussions with the ES' and CS', as well as the college tutors, the review team questioned whether the frequency of the scheduled teaching in place, whilst welcome, presented challenges in facilitating its delivery that were avoidable if scheduled education sessions were held on a monthly, rather than weekly or fortnightly, basis. It was also noted that the trainees were given access to the protected teaching held at Stewart House which would count towards their protected teaching time.</p>	Yes, please see 1.7
<h2>2. Educational governance and leadership</h2>		
<p>HEE Quality Standards</p> <p>2.1 The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.</p> <p>2.2 The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.</p> <p>2.3 The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.</p> <p>2.4 Education and training opportunities are based on principles of equality and diversity.</p> <p>2.5 There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.</p>		
CA2.1	<p>Effective, transparent and clearly understood educational governance systems and processes</p> <p>The review team was pleased to hear that there was an established Local Faculty Group (LFG) in place that was well documented and served as a forum for trainees to raise issues. All of the trainees the review team met with were confident that where they encountered any challenges with regard to their education and training that they could raise these with their ES' or through the LFG and that the Trust would look to address their concerns.</p>	
CA2.2	<p>Impact of service design on learners</p> <p>The review team heard that on occasion the elective lists at CFH could overrun. This had a particularly negative impact on trainees due to the long working days at CFH, which were described by some as 'exhausting'. Whilst trainees were not expected to have any out of hours commitments they were required to remain on the ward to complete prescriptions and deliver post-operative medical care on the wards before handing over to the Resident Medical Officer. The review team heard that there were also concerns that the access to medicine and the necessary equipment in the event of a post-surgery emergency was suboptimal. The review team heard that this was coupled with a general sense that staff morale across the whole CFH site in general was low. However, it was noted by the trainees that they felt this was down to teething issues as the new site and systems were bedded in.</p> <p>Trainees reported that they did not feel that the number of trainees outweighed the workload across the two sites, provided that the workload between them was managed in a smart and equitable manner.</p>	
CA2.3	<p>Organisation to ensure access to a named clinical supervisor</p> <p>All of the trainees the review team met with reported that they had good, regular access to their ES', both in scheduled meetings and informally in their day to day working.</p>	

CA2. 4	Organisation to ensure access to a named educational supervisor All of the trainees the review team met with reported that they had good, regular access to their Clinical Supervisor.	
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3. Supporting and empowering learners

HEE Quality Standards

3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.

3.2 Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.

3.3 Learners feel they are valued members of the healthcare team within which they are placed.

3.4 Learners receive an appropriate and timely induction into the learning environment.

3.5 Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

CA3. 2	Behaviour that undermines professional confidence, performance or self-esteem None of the trainees the review team met with had witnessed, or been subjected to, behaviours that could be construed as bullying or undermining.	
CA3. 3	Access to study leave The review team heard that trainees had no concerns around access to study leave.	
CA3. 4	Regular, constructive and meaningful feedback The review team was pleased to hear that trainees received regular, constructive, and meaningful feedback, both formally and informally.	

4. Supporting and empowering educators

HEE Quality Standards

4.1 Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.

4.2 Educators are familiar with the curricula of the learners they are educating.

4.3 Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.

4.4 Formally recognised educators are appropriately supported to undertake their roles.

CA4. 1	Sufficient time in educators' job plans to meet educational responsibilities The review team was pleased to hear that the ES' felt well supported by the Trust to deliver their education and training commitments and that the appropriate time and resource was factored into their job plans.	
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5. Delivering curricula and assessments

HEE Quality Standards

5.1 The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.

5.2 Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.

5.3 Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

CA5. 1	<p>Opportunities for interprofessional multidisciplinary working</p> <p>Trainees reported good working relationships with their fellow trainees and the consultants within surgical specialties. The review team was pleased to hear that where a surgical trainee had encountered an issue in their training that they did not feel comfortable raising through their department that they were able to raise their concern through their Core Anaesthetics colleagues and that the outcome had been positive.</p>	
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6. Developing a sustainable workforce

HEE Quality Standards

6.1 Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.

6.2 There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.

6.3 The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs to patients and service.

6.4 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

CA6. 1	<p>Learner retention</p> <p>The review team was pleased to hear that trainees unanimously agreed that they would recommend their posts to their peers, citing the bespoke, exam-focused teaching tailored to individual needs and the broad range of clinical experience they encountered whilst in their posts. Trainees also reported that they would be happy for their friends and family to receive treatment at either site.</p> <p>Given the option to suggest ways that the Trust could improve the training experience for trainees the review team heard that leaving the CFH at night made some trainees feel unsafe. Trainees reported that exiting the site and walking to the nearby station by the preferred short-cut required trainees to walk along an unlit path between the site to Shooters Road.</p> <p>Trainees also reported access to hot food out of hours at BH improve working at night, and that the abolishment of parking fees would be appreciated. The review team heard that plans for a new trainee mess facility had been devised and that these were awaiting sign-off from the Trust Board. This facility would also provide space for lockers, something that HEE had heard trainees in other specialties call for at previous on-site visits to BH.</p>	Yes, please see CA6.1
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Good Practice and Requirements

Good Practice

The review team was particularly impressed by the bespoke, exam-focused teaching and tailored education programme for each training year group.

Immediate Mandatory Requirements

Given the severity of an Immediate Mandatory Requirement, the risk rating must fall within the range of 15 to 25 or have an Intensive Support Framework rating of 3. This risk rating will be reviewed once the Trust has provided their response to the Immediate Mandatory Requirement.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	N/A		

Mandatory Requirements

The most common outcome from a quality intervention. The risk rating must fall within the range of 8 to 12 or have an Intensive Support Framework rating of 2.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
CA1.1	The Trust is required to update HEE on the outcome of its investigation into the three bleeps trainees are required to hold at the Chase Farm Hospital (CFH).	Please provide an update in the next reporting cycle.	R1.5
CA1.6	The Trust is required to ensure that trainees working out of hours in the Intensive Therapy Unit (ITU) have received the appropriate induction.	Please provide evidence that an appropriate ITU induction forms part of the departmental induction for all trainees at the start of each rotation. Please provide this evidence via the induction checklist or via the local faculty group.	R1.13

Minor Concerns

Low level actions which the Trust need to be notified about and investigate, providing HEE with evidence of the investigation and outcome. Given the low level nature of this category, the risk rating must fall within the range of 3 to 6 or have an Intensive Support Framework rating of 1.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	N/A		

Recommendations

These are not recorded as 'open' on the Trust action plan so no evidence will be actively sought from the Trust; as a result, there is no requirement to assign a risk rating.

Rec. Ref No.	Recommendation	GMC Req. No.
CA1.7	The Trust is recommended to review its programme of scheduled teaching to ensure that the frequency of teaching sessions is planned so that trainees can maximise their attendance.	R1.16
CA6.1	The Trust is recommended to explore the possibility of lighting the footpath from the CFH site to Shooters Road leading to Gordon Hill Station with the appropriate Estates Management and Local Authority.	R3.2

Other Actions (including actions to be taken by Health Education England)**Requirement**

N/A

Responsibility**Signed****By the HEE Review Lead on behalf of the Quality Review Team:**

Dr Gary Wares, Deputy Postgraduate Dean, North Central and East London

Date:

14 January 2020

What happens next?

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process. An initial response will be due within two weeks of receipt of this summary report.